## Exhibit 15

## STATEMENT

STATEMENT OF:	INCIDENT#
NAME: Sergeant William (2017) #432	PAGE <sup>1</sup> OF 1
BIRTH DATE: AGE: 44	DATE: 09/12/03
ADDRESS: 1025 South 9th Street,	TIME: 1330 Hours
CITY: Manitowoc, STATE: WI	ZIP: 54220
PHONE: 920-683-4201	
IF JUVENILE:	
FATHER: MOTHER:	
In 1994 or 1995 I was working as a Corrections Officer in the Manitowoc County Jail.	
I recall receiving a telephone call in the Cent	tral Control area from an individual
who identified himself as a detective employed	by an agency outside the Manitowoc
County area. This dective stated he had receive	ed information that a person they had
in custody in their jurisdiction had been comme	enting that he had committed an assault
in Manitowoc County and that someone else wwas	in jail for it. As I had no knowledge
of what case this detective was referring to, I	supplied the dective with a telephone
number to one of MTSO's detectives. I do not sp	pecifically recall but I may have tried
to transfer the call as well. I do not recall	the detective mentioning any names to
më	
	Explain
	Person 138
	1 Joseph/Magner-Script
	West DIVM FIGURE SCHIPT
	00-0-0
	005250
WITNESS: SIG	GNATURE: ST. anchew L Collon
WITNESS: TII	ME: 1343 HRS
	# 1

Revised 03/01/0